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ABSTRACT

Proceding from the hypothesis of J. E. Kysar to the effect that college commuter students have poorer "mental health" than their age-mates residing in colleges geographically removed from their homes, the Bown Self-Report Inventory (SRI) scores of 1265 males and 899 females attending the University of Texas at Austin were compared. In the male group, Austin commuters had significantly more negative attitudes toward parents ($P<.05$) than both of the resident-in-college groups, but this was regarded as insufficient evidence for accepting Kysar's more global hypothesis. In the female group, however, the Austin commuters had significantly more negative attitudes toward self than did the resident group from large cities and toward parents than both resident groups ($P<.01$). The female commuters also demonstrated a more generally negative outlook toward all areas of their phenomenal worlds than both groups of residents as evidenced by SRI total score ($P<.01$). Implications and limitations of the results are discussed. (Author)

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The mental health of commuter college students

A partial test of Kysar's hypothesis

Kysar [1] has pointed out that the rapidly increasing literature on the emotional problems of college students [2–4] focuses almost exclusively on students who attend residential colleges, i.e., students living away from home. This decision, in late adolescence to leave home to go to college is seen by him and by others (e.g., Sanford [5]) as a "normal developmental task" and one the commuter college student has not accomplished:

> With probably a majority of students across the country a college education is associated with "going away to college"—i.e., leaving home, gaining release from parental authority, having a new opportunity to establish one's autonomy, and to enjoy more freedom in controlling one's own life. Going away to college is also accorded more prestige than staying at home and is endowed with visions of glamour and adventure.
>
> Thus, it might be postulated that the commuter student has for various reasons avoided or delayed the normal developmental task of leaving home. . . .[1]

On the basis of his clinical observations as psychiatric consultant at the Chicago Undergraduate Division of the University of Illinois, Kysar [1] hypothesizes that students with superior mental health will attempt to enroll in residential universities and that there is consequently more psychopathology among the commuter college students as compared with residential college students. Schuchman,[6] also with the University of Illinois Student Health Service, Chicago, has more recently elaborated the mental health problems of commuter students; his clinical data support Kysar's

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hypothesis. Previously, Sanford [7] implied mental health advantages in leaving home to go to college. There appear, however, to be no large-scale statistical studies comparing the mental health of commuter and residential college students.

Data collected on over 2,100 freshmen at the University of Texas may be utilized to provide a partial test of Kysar's hypothesis. The purpose of this paper is to report the analysis of certain data that pertain to the relationship between mental health and commuter versus residential status among students at the University of Texas at Austin. It is not, however, maintained that the student populations of the two universities are entirely similar (*see* discussion below).

Method

Under the direction of Gordon Mills, of the English Department, College of Arts and Sciences, University of Texas, and the senior author, data were obtained from 2,164 students (1,265 males and 899 females) who were tested in their freshmen English classes during the fall 1963 semester at the Austin campus, University of Texas. This sample constituted approximately 40 per cent of those classified as freshmen at that time. The test battery included a Biographical Information Form and the Bown Self-Report Inventory (SRI).[8] The primary purposes of the original data collection are described elsewhere [9]; they are not pertinent to the present investigation.

The Biographical Information Form indicates residence of the students at the time of testing, and for this study two groups of students were defined. Those who entered the university as residents of Austin and were still living with their parents were considered to be "commuter" students. There were 181 females and 221 males in this category. All other students were categorized as "residential," i.e., they had entered the university from their homes in the other towns and metropolitan centers of Texas and were not living with their parents while attending school.

This second category of "residential" students was further subdivided into "Large cities, Texas" and "Small towns, Texas." (Relatively few students entered the University from outside Texas, and they were excluded from this study.) Since Austin has a population close to 250,000, it was considered appropriate to compare Austin students with their counterparts from the large cities of Texas, i.e., Houston, Dallas, Fort Worth, and San Antonio, whose metropolitan populations approximate or exceed a million. Primary comparisons were therefore made between the "commuter" students of Austin and the "residential" students who had entered the university from "Large cities, Texas." (Tables 1 and 2, however, show SRI means of three groups of students: Austin, "Large cities, Texas" and "Small towns, Texas.")

The Bown Self-Report Inventory

Measures of mental health of the students were provided by the Bown Self-Report Inventory (SRI).[8] This instrument, consisting of 48 items, yields eight scale scores and a total score. It was constructed in 1958 for use as a quick screening measure of attitudes as part of the assessment battery used by the University of Texas Mental Health in Teacher Education research project.[10] Considerable validity and reliability data have been accumulated on the SRI; these findings are summarized elsewhere.[8] Only a brief statement of the scale descriptions is considered appropriate here.

The SRI is made up of 48 items representing eight logically different areas of the "phenomenal world." The scales are described below:

1. *Self.* Items express acceptance, liking, or valuing of oneself—or the opposite.
2. *Others.* Items express acceptance, liking, or valuing of peers or the importance of satisfactory relationships with peers to one's own sense of well-being—or the opposite.
3. *Children.* Items express acceptance, liking, or valuing of children or the satisfaction derived by the subject in relationships with children—or the opposite.
4. *Authority.* Items express acceptance, liking, or valuing of older persons outside the family who are in positions of authority with respect to the subject—or the opposite.
5. *Work.* Items express a valuing of work or accomplishment in terms of its intrinsic or self-enhancing satisfaction to the subject—or the opposite.
6. *Reality.* Items express acceptance or valuing of life as a process (including death) and feeling at home in, and relatively comfortable with, a not always predictable world—or the opposite.
7. *Parents.* Items express acceptance, liking, or valuing of one's own parents or the importance of one's relationship with parents to his own sense of well-being—or the opposite.
8. *Hope.* Items express an optimistic anticipation of the future or a sense of confidence that one will

play a significant and satisfying role in future relationships and undertakings—or the opposite.

9. *Total.* The sum of all subscores that may be construed as the positiveness of respondent's perceptions of his phenomenal world.

Subjects respond to each item by indicating on a five-point scale (labeled from "very much like me" to "very much unlike me") the extent to which the item expresses their own feelings and attitudes. The inventory yields eight subscores representing positiveness of attitude in each area and a total score (the sum of all subscores). (Copies of the instrument are available on request.)

Rationale for an operational definition of mental health

Two of the nine scores yielded by the SRI (the *Self* and *Total* scores) have been utilized as an operational definition of mental health in college students.

A high *Self* score signifies high self-esteem. There seems an abundance of theoretical justification (both from Rogerian [11] and from psychoanalytic personality theory as explicated by Fenichel [12]) for use of the *Self* scale as an operational measure of mental health, perhaps at all ages. Empirical support is provided by the Rosenberg [13] study in which low self-esteem in adolescents was found to be associated with anxiety and other symptoms of psychogenic and psychophysiologic disorders.

Somewhat more tentative is the assumption that the *Total* score is also an index of mental health. This score is obtained by simple addition of all scale scores; thus, it may appropriately be described as representing the degree of positiveness of the respondent's perceptions of the eight aspects of the phenomenal world measured by the SRI. Semantically, the SRI *Total* score appears similar to the Hinsie and Campbell [14] literary definition of "psychic dystonia." (For a more detailed elaboration of this operational definition of mental health, see Bown and Richek.[15])

One other major assumption underlies this study: Response styles are, at best, of trivial importance as determinants of responses to personality inventories. It is item content that primarily determines responses. This is, of course, the hypothesis of Rorer,[16] as set forth in his paper "The Great Response Style Myth."

Results and Discussion

Table 1 lists the group means of the nine SRI variables (eight scale scores and the total score) for male students; Table 2 shows the group means for female students. It will be noted that the means for females on three scales—*Self*, *Parents*, and *Total*—are significantly different, all at the 0.01 level. For male students only the means on the *Parents* scale are significantly different ($P<0.05$).

Our data confirm Kysar's hypothesis only for female students. On both of these in-

TABLE 1

Mean scores of the SRI variables for 1,265 male students at the University of Texas

SRI variable	*Large cities, Texas* (N=429)	*t*	*Austin* (N=221)	*t*	*Small towns, Texas* (N=615)
Self	17.21	ns *	17.38	ns	17.35
Others	17.66	ns	17.81	ns	17.81
Children	13.17	ns	13.29	ns	13.30
Authority	16.29	ns	16.22	ns	16.12
Work	13.61	ns	12.99	ns	13.63
Reality	14.87	ns	14.73	ns	14.45
Parents	17.34	2.2†	16.33	2.9‡	17.61
Hope	19.07	ns	19.11	ns	19.37
Total	129.22	ns	127.87	ns	129.64

* ns=not significant
† $P<0.05$
‡ $P<0.01$

TABLE 2

Mean scores of the SRI variables for 899 female students at the University of Texas

SRI variable	*Large cities, Texas* (N=353)	*t*	*Austin* (N=181)	*t*	*Small towns, Texas* (N=365)
Self	18.37	2.62 •	17.19	ns †	17.89
Others	19.58	ns	19.07	ns	19.41
Children	17.29	ns	16.66	ns	17.44
Authority	17.49	ns	16.92	ns	17.38
Work	14.38	ns	14.01	ns	14.69
Reality	15.56	ns	14.80	ns	15.41
Parents	17.52	3.6 •	15.35	4.2 •	17.85
Hope	19.48	ns	19.69	ns	19.56
Total	139.68	3.16 •	133.70	3.2 •	139.64

• $P<0.01$
† ns=not significant

dices or major correlates of mental health (the *Self* scale and the *Total* score of the SRI), commuter female students scored significantly lower than did residential students. For male students, however, significant differences did not appear in these two measures.

Although t-tests between the "Austin" and the "Small towns, Texas" groups were not planned in advance of the analysis, post hoc comparisons of these two groups revealed one significant difference (on the *Parents* scale) for males. Table 1 indicates how close the means of "Small town" males and "Large city" males are; the standard deviations are not included in the table, but they were similarly quite close. For females, the differences between Austin female students and "Small town" female students were significant with regard to *Total* score ($t=3.2$, $P<0.01$) and *Parents* ($t=4.2$, $P<0.01$), but not on attitudes toward *Self* ($t=1.79$, $0.10>P>0.05$).

It thus appears that, for the University of Texas at Austin, commuter status is inversely related to correlates of mental health in female students but not in males. Although Kysar's [1] paper was based on clinical studies of male students, he maintains that many of his observations and his hypotheses are equally applicable to females.

As has been previously indicated, however, it cannot be asserted that the student populations of the University of Texas Austin Campus and the Chicago Undergraduate Division of the University of Illinois are similar to the extent that generalizations based on the study of one population apply equally to the other. A number of differences present themselves as possible explanations of the discrepancies between this study and Kysar's clinical data.[5, 17, 18] For one thing, the population of the Chicago Undergraduate Division of the University of Illinois is comprised almost entirely of commuter students; in the case of the University of Texas sample, only 20 per cent of the students were commuters. Students who attend the Chicago Division of the University of Illinois are not on the main campus, which is located in Champaign/Urbana. This fact is undoubtedly of some significance in that, for college-bound students in Texas who plan to utilize state-supported higher educational facilities, the University of Texas at Austin is the "pres-

tige" school for a variety of reasons, among them that its admission policy is more selective than that of other state-supported institutions. Thus, "going away" to college may not necessarily be considered the more "prestige-ful" course when a state's largest university is located in one's own home town.

It will be noted that, for both males and females, more positive attitudes toward parents are held by residential students than by commuter students. We do not believe that this *Parents* scale can be considered a measure of mental health among adolescents. Negative feelings toward parents are held to be characteristic of teenagers in a variety of personality theories—for example, in the Freudian [19] and Rankian [20] views of adolescent psychology. However, the finding that residential students had more positive perceptions of their parents than commuter students, regardless of the students' sex, seems not to support the hypothesis of Douvan and Kaye [21] that *only* adolescent boys, *not* girls, desire to be free of parental control. The findings on the *Parents* scale also seem consonant with one aspect of Kysar's clinical data, i.e., that students whose parents have enabled them to achieve the developmental task of "going away" to college might be expected to feel more positively toward their parents than do students still required to reside at home. If there is an inevitable conflict of generations in adolescence, as the psychoanalysts [18] maintain, the intensity of this conflict may diminish with distance.

It does not seem difficult to speculate about reasons for the poorer mental health among female, but not male, commuter students in this study. Motivational factors in college attendance are undoubtedly different for males and females.[21] It may well be, therefore, that the prestige that inheres in a student's attending a state's largest and one of the most selective universities relates to intellectual and vocational concerns, and these may hold more import for males than for females. If this is so, then Kysar's hypothesis should prevail, as our data indicate it does, for female commuter college students.

Our study has limitations that may preclude its consideration as a definitive investigation of Kysar's hypothesis. The theoretical rationale for the Bown SRI as a quick screening mental health instrument is essentially Rogerian [8]; it seems doubtful that Kysar's theoretical outlook is similarly phenomenological, thus possibly rendering unacceptable the operational definition of mental health utilized to test his hypothesis. Further, socio-economic status, possibly a variable of some importance, was not controlled. One might question also the procedure of generalizing about the total student population on the basis of observations on psychiatrically disturbed college students in treatment.[22, 23]

Despite the above limitations, however, certain conclusions do seem justified. The Bown Self-Report Inventory, a simple, economical instrument (economical in terms of respondent's and scorer's time) does differentiate "commuter" from "residential" female college students at a large state university on two variables assumed to be correlated with mental health. It may also be concluded that Kysar's hypothesis warrants further investigations in university settings with varied "presses" (Sanford [5]). We are currently investigating discriminatory capabilities of the SRI among residential and commuter students (primarily upper middle class) who attend a privately endowed, denominational university.

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